



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

PUBLIC HEALTH REPORTS

VOL. 30

APRIL 2, 1915

No. 14

THE HARRISON ANTINARCOTIC LAW.

THE EFFECT OF ITS ENFORCEMENT ON THE DRUG ADDICT.

By MURRAY GALT MOTTER, Technical Assistant, Division of Pharmacology, Hygienic Laboratory, United States Public Health Service.

As was to be expected, the coming of March 1, 1915, with its attendant restrictions upon traffic in "opium or coca leaves, their salts, derivatives, or preparations," has brought numerous comments and criticisms, not to say protests. It is interesting to note that, prior to this date, a very extensive campaign of education was conducted by members of the drug trade, for the purpose of informing their fellow members, members of the medical, dental, and veterinary professions, and all concerned, as to the workings of this law and the steps to be taken to keep within its bounds. In many instances there was at first a rather widespread resentment at this extension of governmental control, and its consequent limitation of individual and professional rights and practices. Some physicians even protested that they would not register under the act, but would continue to practice as heretofore, being licensed thereto by the recognized State authorities. Wiser counsels prevailed, however, and it was realized that none of these narcotics could lawfully be "produced, imported, manufactured, compounded, sold, dispensed, or given away" until all the forms and formalities of the law had been complied with.

It has long been recognized that every restrictive measure must, of necessity, impose hardships upon some one; and that, not infrequently, the hardship is most irksome to those whose sense of right and justice would alone prohibit the proscribed practices, without legal enactment. It may be conceded that the taking of inventories, the annual tax, the registration, the special-tax stamps, the recording of certain additional data, and the keeping of these records for a period of two years, subject to official inspection, are, to say the least, annoyances. At the same time, it is significant that the urgent need of some effective means of staying the increasing ravages of drug habits has been equally well recognized. Those members of the medical and allied professions, whose experience and observation best qualify them to speak, are heartily in favor of the law. They admit that, prior to its enactment, the case of the "dope fiend" was well-nigh hopeless, because any method of treatment was nullified by the fact

that the "fiend" could get his "dope" without difficulty; whereas now there is fair prospect of effective control, both of the "dope" and of the "fiend."

Just here, however, another factor enters which is of great and urgent importance. Whatever the beginnings of his or her downward course, the confirmed victim of the narcotic habit is a pitiable object, who may well excite the sympathy of all humanity. An outcast, an Ishmaelite, often depraved, always deplorable, against whom the doors of the general hospital have been closed, he is a disgrace to his family and friends, a nuisance to his medical adviser, and sometimes a menace to the community. A mental, moral, and physical wreck, obsessed with his desire for his "dope," full of deceit, intrigue, and trickery, which have enabled him to get it, he has been preyed upon by human harpies who for gain have, despite the law, supplied him with the means of self-destruction. Sympathy for these "sufferers" has already given voice to an appeal for some alleviation of the law's restrictions in their behalf. In some instances these appeals have been almost hysterical, going even to the extent of a demand for the repeal of the law itself. Naturally, this line of argument will be taken advantage of by the makers and vendors of dope-laden patents, proprietaries, and household remedies, who have hitherto eluded all previous laws on this subject, and whose revenues will be enormously curtailed if this new law be strictly enforced. Appeals have been made for the throwing open of certain Federal hospitals for the benefit of the victims of the drug habit; others that a home cure be placed in the hands of physicians.

After all, the remedy for the present condition lies well within the hands of the medical profession, and the really reputable hospitals and institutions already organized. If the law be strictly enforced, and the supply of "dope," through other than proper channels, absolutely cut off, the medical practitioner has an opportunity such as he has never before had.

Whether institutional or home treatment will prove the more practicable is a question which must be determined by actual trial in each individual case, guided by the particular conditions therein appearing. Just because these conditions do vary in each case, no rule-of-thumb method can be adopted. The general principles which can be applied in any case are (1) to gain, if possible, the confidence of the patient and secure his obedience to instructions; (2) to eliminate any drug which may remain in his system; (3) to repair the wreck caused by the drug, through hygienic, dietetic, and perhaps medicinal measures adapted to the special needs of the particular case. Whether in any given case the drug can at once and finally be withdrawn is a question which the attending physician alone can determine. Granted that the law is enforced, the supply is

wholly within his control, and none can gainsay nor interfere with his right to administer any narcotic when and where he deems it necessary.

The so-called "cures" are legion, and in their very multiplicity is the surest evidence of their futility. The drug habit, long maintained, produces profound changes in the economy. The very hopelessness of the task, so long as the cause of the trouble was widely distributed and easily accessible, led to a certain indifference and carelessness in the application of remedial measures. The problem must now be attacked from a new vantage point. Hospitals hitherto closed to this class of patients are already realizing their responsibilities in the premises, and rules as to admission have been modified. Too much stress can not be laid upon the principle, so clearly outlined by Dr. Alexander Lambert,¹ that "Each individual case has its own separate problems"; and his methods and results are worthy of study and trial.

Whatever else be done, care should be taken that in discussion or action nothing be said or done which shall weaken the law or strengthen quackery, whether individual or institutional. Time must be allowed in which to put the machinery of the law in smooth running order. When this is effected and everyone fully informed, a careful survey of its workings in a dozen or more large centers of population, followed, if necessary, by ruthless infliction of penalties upon its violators will have a most enlightening and salutary effect. Then and not until then will there be any real hope for the drug addict. No sentimentalism, no greedy commercialism, should be allowed to deprive him of this chance.

QUININE TO BE SOLD AT COST IN VENEZUELA.

The following extract from a statement regarding a decree of the president of Venezuela, dated December 19, 1914, is taken from the daily Commerce Reports, issued by the United States Department of Commerce:

"In order to extend the use of quinine, and to secure a good quality at a reduced price, the national health office shall establish stores in which quinine will be sold at cost; charitable institutions (public or private), the regular army, and wholesale and retail drug stores may also be supplied at cost. The distribution and inspection of the quinine which is imported, distributed, and sold for the Government, shall be regulated by the Department of the Interior (Relaciones Interiores)."

¹J. Am. Med. Assoc. 1913, 60:1933. For an extended bibliography, see also *Ibid.*, 1915, 64:1022.